

# Wisconsin Department of Safety and Professional Services

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## OFFICE OF EDUCATION AND EXAMINATIONS

### REQUEST FOR APPROVAL OF REAL ESTATE CONTINUING EDUCATION COURSES FOR THE 2013-2014 BIENNium

**Applications must be submitted at least 30 days prior to the first date the course is offered.**

PLEASE TYPE OR PRINT IN INK.

1. NAME OF SCHOOL	2. NAME OF EDUCATIONAL ADMINISTRATOR
3. ADDRESS (number, street, city, state, zip code)	
4. EMAIL ADDRESS	5. DAYTIME TELEPHONE NUMBER (       )
6. PROGRAM LOCATION (City, State)	7. WEB ADDRESS

8. Check the courses for which you are seeking approval and check whether each course will be presented as classroom education or distance learning.

		<u>Classroom Education</u>	<u>Distance Learning</u>
<input type="checkbox"/> Course 1	Wisconsin Listings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 2	Wisconsin Offers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 3	Wisconsin New Developments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 4	Contingencies in Wisconsin Approved Offer Forms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective A	Bank-owned (REO), Foreclosures and Short Sales Transactions in Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective B	Unique Transaction Types and Issues	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective C	Wisconsin Property Management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective D	Agency Roles with Buyers in Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>

**Designation Courses recognized by the National Association of Realtors or offered by other entities approved by the Real Estate Examining Board**

<input type="checkbox"/> 3-hour designation course in lieu of one of the above electives	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6-hour designation course in lieu of two of the above electives	<input type="checkbox"/>	<input type="checkbox"/>

9. Please check the appropriate box.

☐ This is our school's first application for approval to offer continuing education courses in the 2013-2014 biennium.

On separate pages, provide the following information about your school:

- Organizational structure
- Registration policies
- Fee schedules
- Promotional materials
- Student records system
- Summary of evaluations conducted
- Describe method of evaluating instructors and how your school will respond to complaints concerning an instructor.

☐ Our school has already submitted an application for continuing education course approval for the 2013-2014 biennium. No substantive changes have been made to the items in (a)-(g) listed above. If changes were made, they are included with this application.

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10. Please check the appropriate box for distance education courses.

☐ This is our school's first distance education course application for the 2013-2014 biennium.

On separate pages, describe how your school will carry out the following procedures for all distance education courses checked above:

- Ensure that instructors are available at reasonable times and by reasonable means.
- Distribute, collect and score examinations and supplemental materials as well as provide a reasonable level of examination security.
- Sufficiently cover the subjects specified for continuing education courses.
- Provide reasonable oversight to ensure that the students who take the examination are the enrolled students.
- Provide a reasonable opportunity for student self-evaluation of mastery.
- Report pass/fail information to students and issue certificates of completion.

☐ Our school has previously submitted an application for a distance education course for the 2013-2014 biennium. No changes have been to the items in (a)-(e) listed above. If changes were made, they are included with this application.

11. Program Content – Attach course outline. Itemize the number of educational hours for each portion or topic of the program or course. Attach supporting information, if necessary. For subject material that needs to be included, review the course curriculum on the salesperson and broker continuing education information pages of the DSPS website.

12. I have enclosed \_\_\_\_\_ (number) multiple-choice examination questions with this application. At least 5 for each hour of instruction are required. See Form #1745 for question guidelines.

13. INSTRUCTORS – Attach a list of instructors and clearly designate which course or courses each instructor will present. Also, complete an "Application for Approval of Real Estate Instructor" (Form #831) for each new instructor.

	YES	NO
14. Do you agree to notify the Department in writing of any changes in the information which you provided in this application within 10 days following the date of the change?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you agree to monitor attendance, require students to complete the entire course and pass a multiple-choice exam (5 questions per hour of instruction, minimum) before issuing a certificate of attendance? Passing score for the exam must be 70%.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you agree to retain attendance records for at least 5 years after the program or course has been conducted?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you agree to adhere to all pertinent state requirements in Chapter REEB 25 of the Wisconsin Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>

## TO BE COMPLETED BY THE EDUCATIONAL ADMINISTRATOR

**I hereby certify that all statements made in this application are true to the best of my knowledge and belief.**

\_\_\_\_\_  
Print Name and Title of Education Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Educational Administrator